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SERIAL NUMI 10/767,646	DATE `		(c)	CLASS 606	GROUP ART UNIT 3773		ATTORNEY DOCKET NO. 10,390		
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	-	WOO/	Met after Allowance	STATE OR COUNTRY KS	SHEETS DRAWINGS 5	TOT. CLAII	MS	INDEPENDENT CLAIMS 3	
ADDRESS John C. M PO Box 3 Kansas C UNITED S	0069 ity, MO	64112							
TITLE Closure pl	lua for c	pen headed med	ical implan	t					
FILING FEE RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					□ All Fees □ 1.16 Fees (Filing) □ 1.17 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other □ Credit			